

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: John Date: 13/08/66

QA Closed: Date: 13/7/23

Work Order: <u>93949</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS							
Part No. <u>646.3712</u>	Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input checked="" type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input checked="" type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
NCR No. <u>B-2871</u>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data Equip/Tooling Operator Material Setup Other Process Supplier Training Unapproved	X 1-7-13	100	X 21	DXF File incorrect. Re. Programs when inputted by Applix were not Reversed	DAS 16 9-89 310719 02/2012	Scrap + destroy. Re-program + Rewt. B# 124003 X 20 (\$11.01)	fm 1-7-13 310719 13.07.13	DAS 16 9-89 310719	QS2042 310719
FAULT CATEGORY Model 1705.003 = \$2.42									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

Work Order ID 93949***93949***

Page 2

November-27-12 3:10:41 PM

Item ID: 646.3712

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Clip

Stop

NS2

Start Date: 11/27/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
Description

130

130

QC

Quality Control

140

140

Brake NC

Brake NC

150

150

QC

Quality Control

Set Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

0.00

20

20

DAS
09
89

0.00

13.6.4

0.00

20

SBS
13/06/06

0.00

0.00

0.00

27

13.6.4

20

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped.		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

Work Order ID 93949***93949***

Page 3

November-27-12 3:10:41 PM

Item ID: 646.3712

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Clip

Stop

NS2

Start Date: 11/27/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

160

160

Outsource4

Outsource process - Anodize

Outsource process-Anodize per QSI017 4.1.10.1

0.00

20/20215

CZ/3106/25 20

Memo

0.00

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170

170

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

0.00

JG/13/11/18 (20)

180

180

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

N/A

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							

Work Order ID 93949***93949***

Page 4

November-27-12 3:10:41 PM

Item ID: 646.3712

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Clip

Stop

NS2

Start Date: 11/27/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2Sequence ID/
Work Center IDOperation
Description

190

190

SprayPaint

Spray Painting

200

200

QC

Quality Control

210

210

Packaging

Packaging

Set Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

0.00

0.00

0.00

6
QC14-Inspect Spray Paint
0.00
DAS
27
08ST 535
0.00

Identify as per dwg & Stock Location:

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

CL 13/06/18

20x

SP
13-7-18

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Quality <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear			General						
Bending	Bend <input type="checkbox"/>	General	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S	BOM/Route <input type="checkbox"/>		Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks	Broken/Damaged <input type="checkbox"/>		Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped	Burrs <input type="checkbox"/>		Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs	Contamination <input type="checkbox"/>		Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat	Countersink <input type="checkbox"/>		Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube	Cut Too Short <input type="checkbox"/>		Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
Ripples in Bend	Drill Holes <input type="checkbox"/>		Offset <input type="checkbox"/>						
Torque Waves in Extrusion	Drawing <input type="checkbox"/>		Out of Calibration <input type="checkbox"/>						
Turning Sequence	Finish <input type="checkbox"/>		Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube	Folio <input type="checkbox"/>		Outside Dimensions <input type="checkbox"/>						

Work Order ID 93949***93949***

Page 5

November-27-12 3:10:41 PM

Item ID: 646.3712

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Clip

Stop

NS2

Start Date: 11/27/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
Description

220

QC21- Final Inspection - Work Order Release

220

QC

Quality Control

Set Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

0.00

0.00

ML5 1307-19

Memo

11/13/07

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
Part No. _____	Work Order Update	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
NCR No. _____					Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
					Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>							
					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

Picklist Print

November-27-12 3:10:41 PM

Page 1

Work Order ID: 93949

Parent Item: 646.3712

Parent Item Name: Clip

Start Date: 11/27/12

Required Date: 12/14/12

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A 12.11.23 NEW ISSUE DD VERF;JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063 6061-T6 .063 Sheet		Purchased	No			110	sf	374.7338	0.036	0.7578947	1.4	11/27/12-17	

Location	Loc Qty	Loc Code
MAT021	374.7338320	
113608	0	
116308	5.01556842	
117285	67.544	
119331	44.2	
120218	14.61	
120866	64.8126316	
121805	113.551632	
123135	65	124003

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS						
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data	<input type="checkbox"/>											
Equip/Tooling	<input type="checkbox"/>											
Operator	<input type="checkbox"/>											
Material	<input type="checkbox"/>											
Setup	<input type="checkbox"/>											
Other	<input type="checkbox"/>											
Process	<input type="checkbox"/>											
Supplier	<input type="checkbox"/>											
Training	<input type="checkbox"/>											
Unapproved	<input type="checkbox"/>											
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		
<input type="checkbox"/> Other												

NOTES:

1. MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11

2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III
CLASS 2, COLOR BLACK
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N

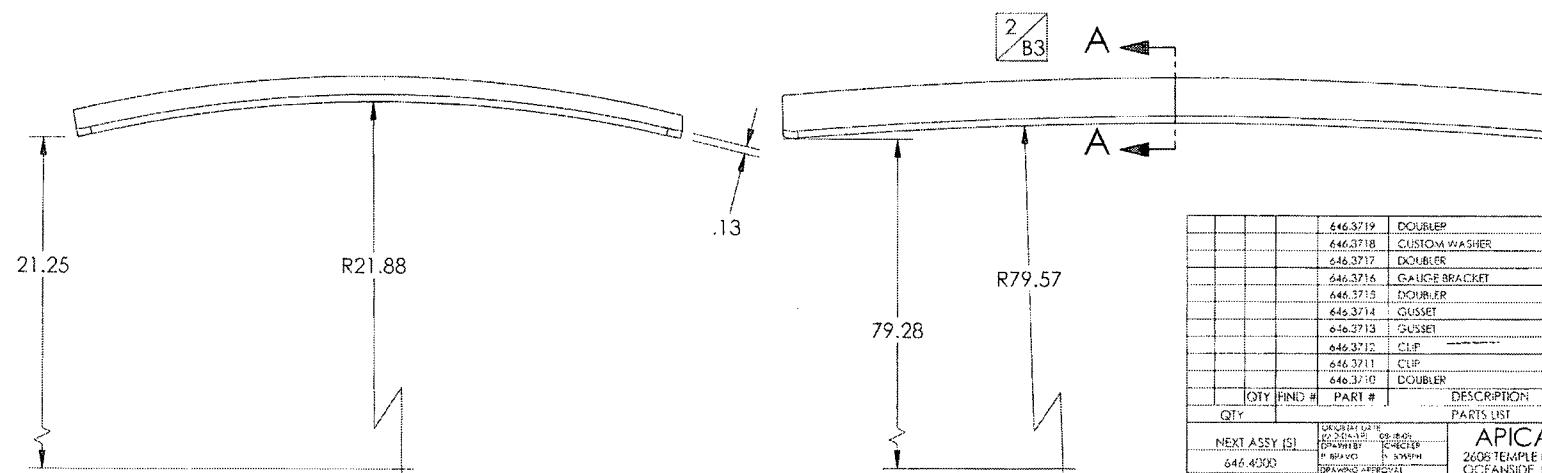
3. MATERIAL: 17-4 PH AMS 5604, CONDITION H900

4. FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N

5. DEBURR AND BREAK ALL SHARP EDGES

6. IDENTIFY IAW MPP-120

646.3710



QTY	PN/ID #	PART #	DESCRIPTION	MAFL	SPEC.
PARTS LIST					
	646.3719	DOUBLER			
	646.3718	CUSTOM WASHER			
	646.3717	DOUBLER			
	646.3716	GAUZE BRACKET			
	646.3715	DOUBLER			
	646.3714	GUSSET			
	646.3713	GUSSET			
	646.3712	CUP			
	646.3711	CUP			
	646.3710	DOUBLER			
APICAL INDUSTRIES					
2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92055-3512 (760)724-5300					
SHEETMETAL					
10	CAGE CODE	DIV NO			
6	67M66	646.3700			
SCALE NONE					

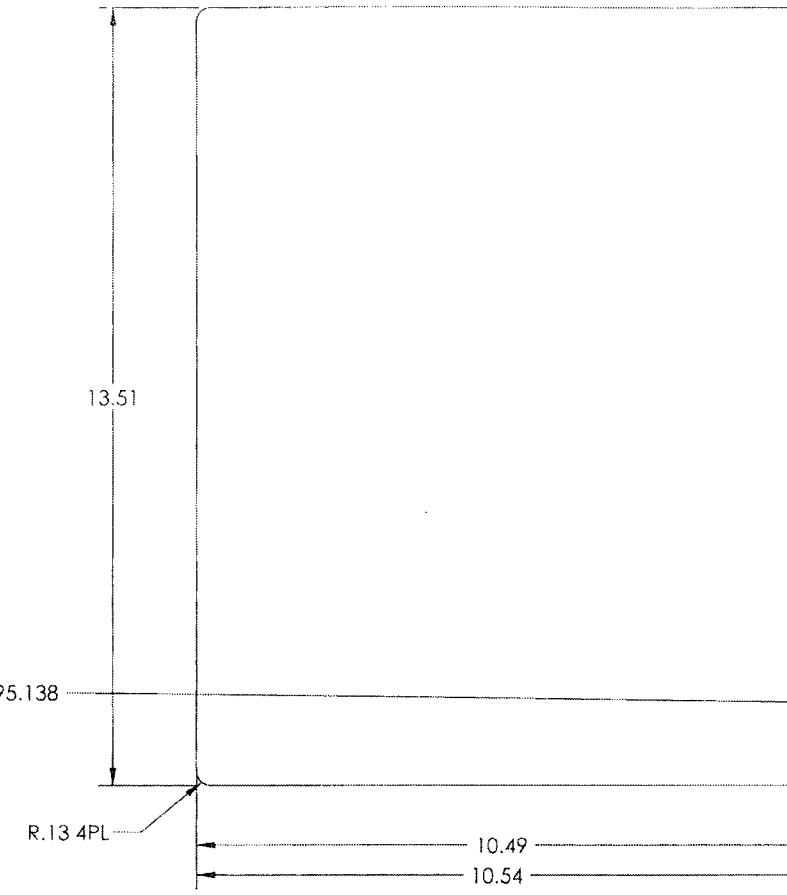
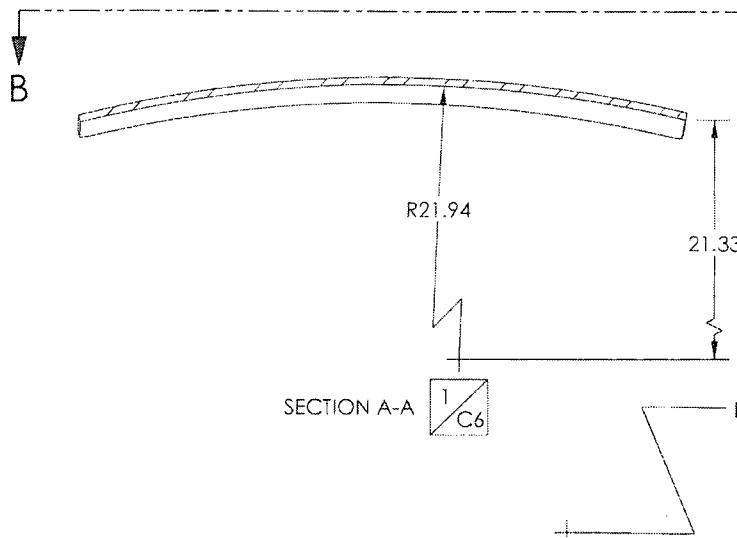
SHIPPING
RETURN TO
ENGINEER AT
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK OKAYED
NO. 93949_MLJ
12-11-29



1 2
3 4 5 6 7 8
93949

NO EXPLANATION PROVIDED. THIS DRAWING IS FOR THE EXCLUSIVE USE
OF APICAL INDUSTRIES AND IS NOT TO BE COPIED OR USED FOR ANY OTHER
PURPOSE. NO PART OF THIS DRAWING IS TO BE COPIED OR USED FOR ANY OTHER
PURPOSE.

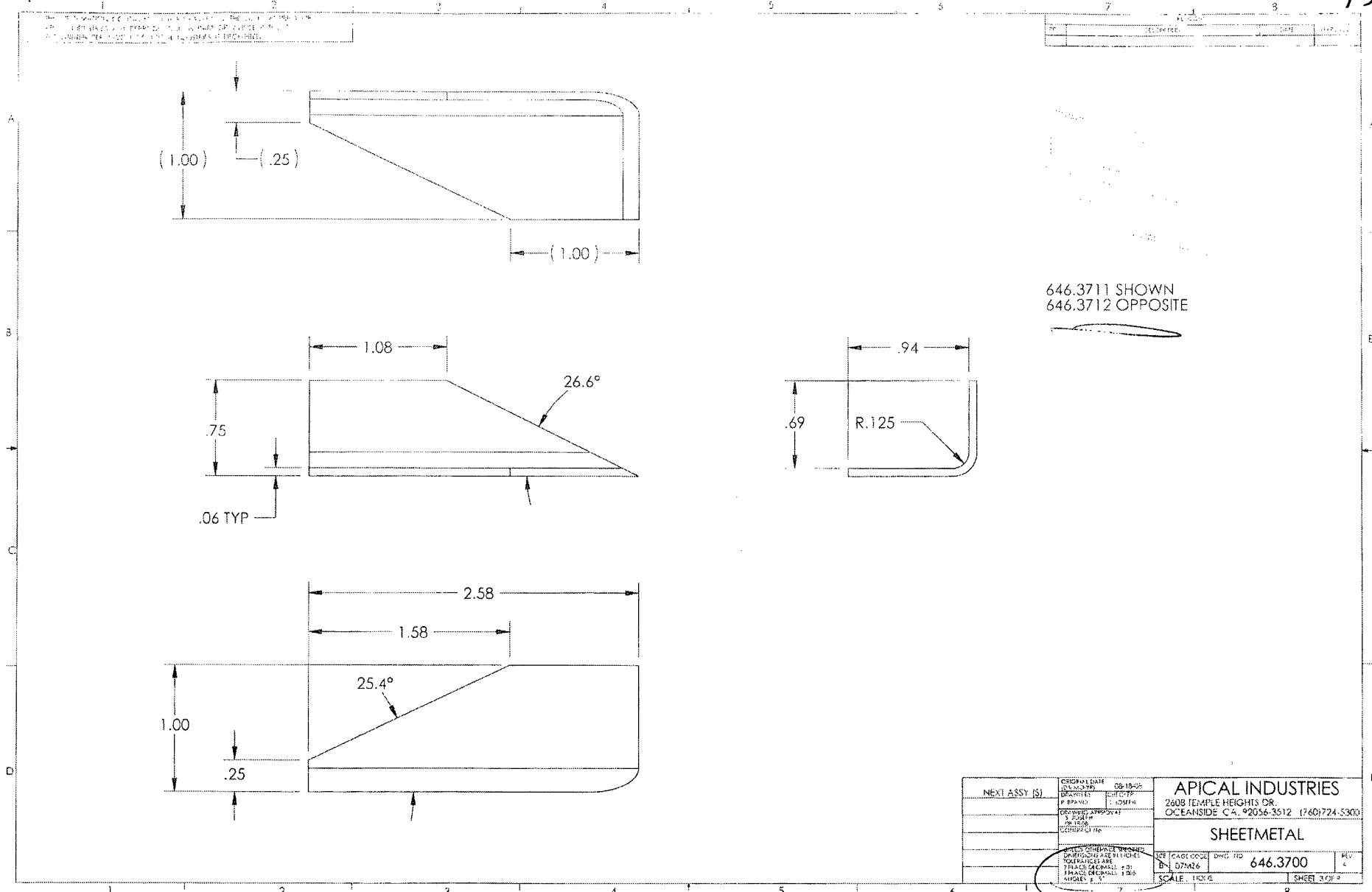
A
B
C
D



CONTRACTOR APICAL INDUSTRIES 2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	APICAL INDUSTRIES 2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWN BY J. C. SMITH	CH-1000
DESIGNED BY J. C. SMITH	1000
COMPUTED BY	
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE STRAIGHTNESS 1/8 IN. FLATNESS 1/8 IN. ANGLES ± 5°	REF. CAGE CODE: D100-102 B: 07N16 646.3700 SCALE: NONE REV: A SHEET: 2 OF 9



93949





93949

1 2 3 4 5 6 7 8

A

A

B

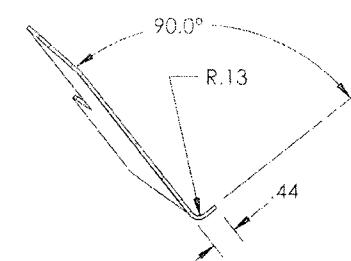
B

C

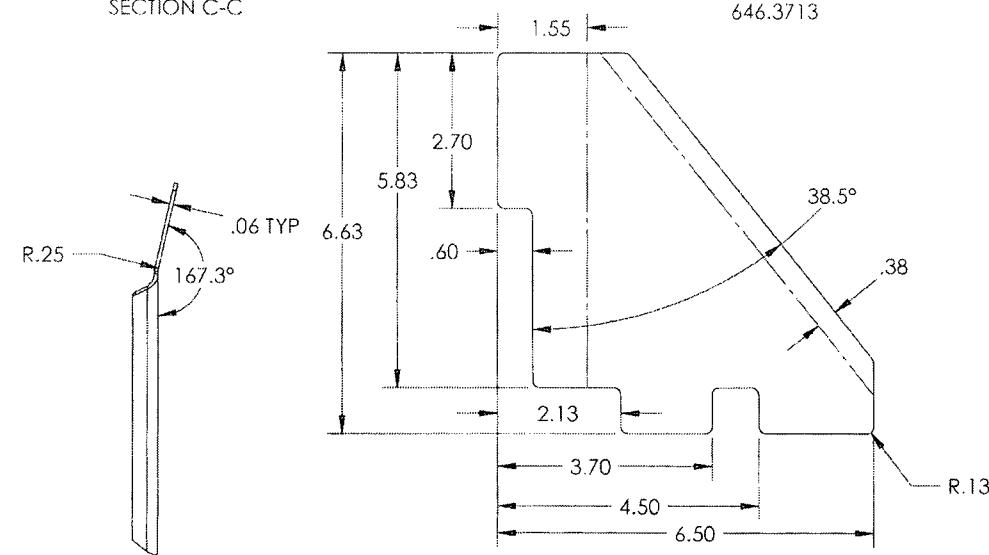
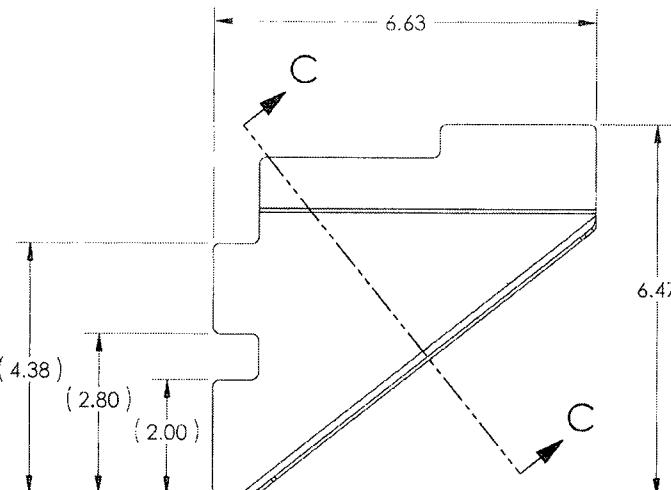
C

D

D

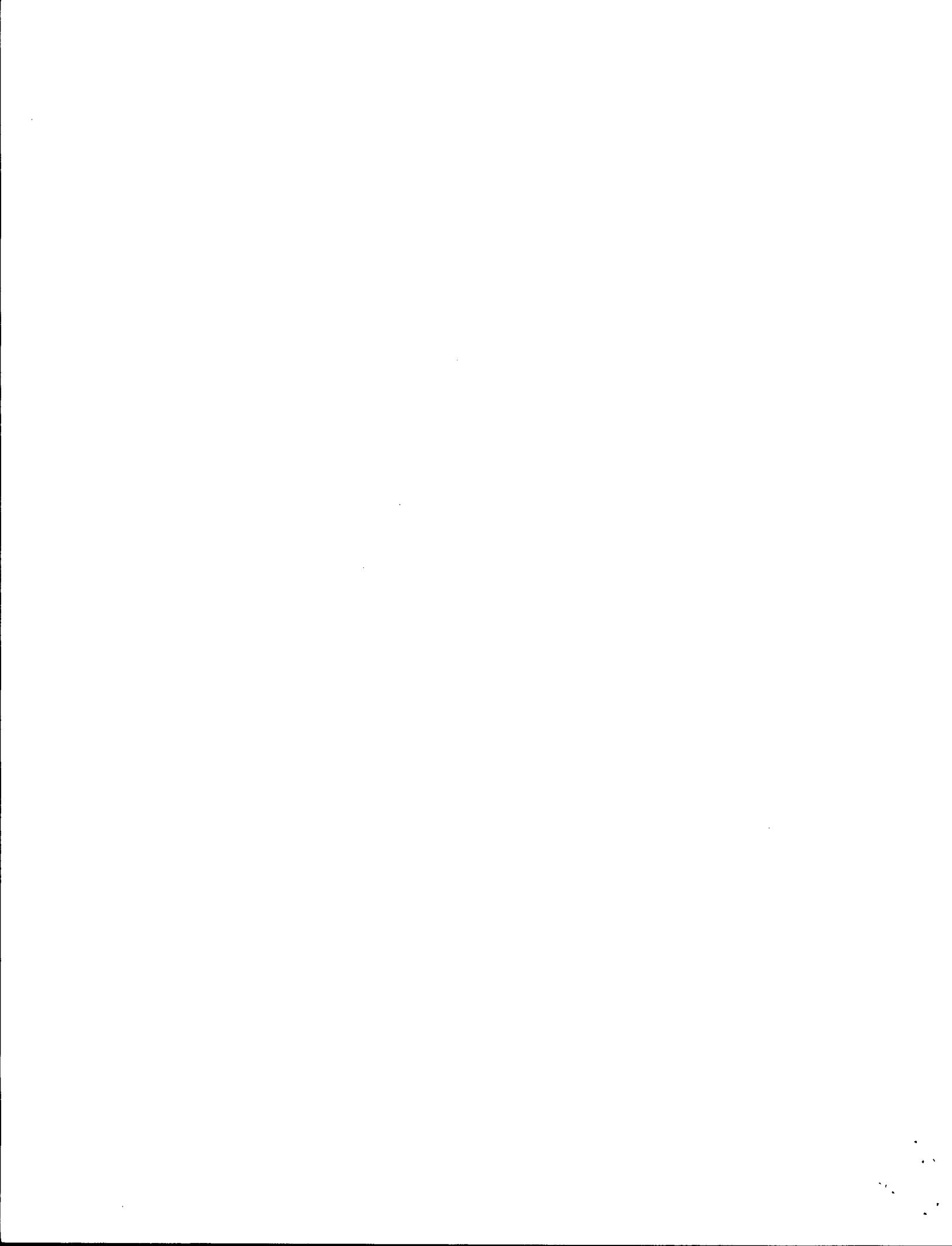


SECTION C-C

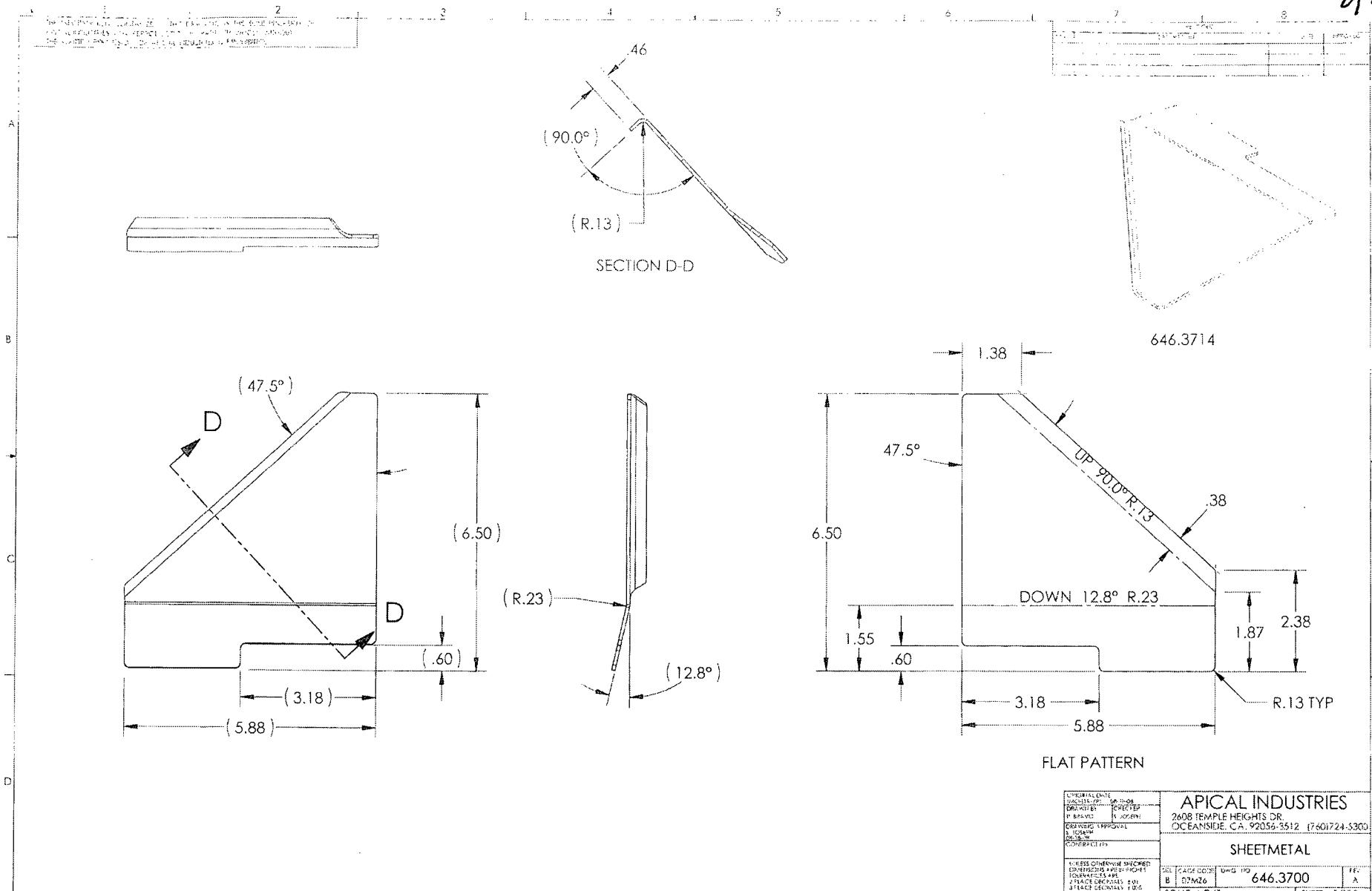


FLAT PATTERN

NEXT ASSY (S)	DRAWN BY	CHECKED	APICAL INDUSTRIES	
			2608 TEMPLE HEIGHTS DR	OCEANSIDE, CA 92056-3512 (760)724-5300
1	2	3	4	5
CONTRACTOR	CONTRACTOR	CONTRACTOR	CONTRACTOR	CONTRACTOR
UNLESS OTHERWISE SPECIFIED				
STRAIGHT LINES				
ANGLES 1/2"				
6	7	8	9	10
DATE 07/26/00	DRAWING NO. 646.3700	REV. 4	SCALE 1:100	SHED 4 OF 4



93949

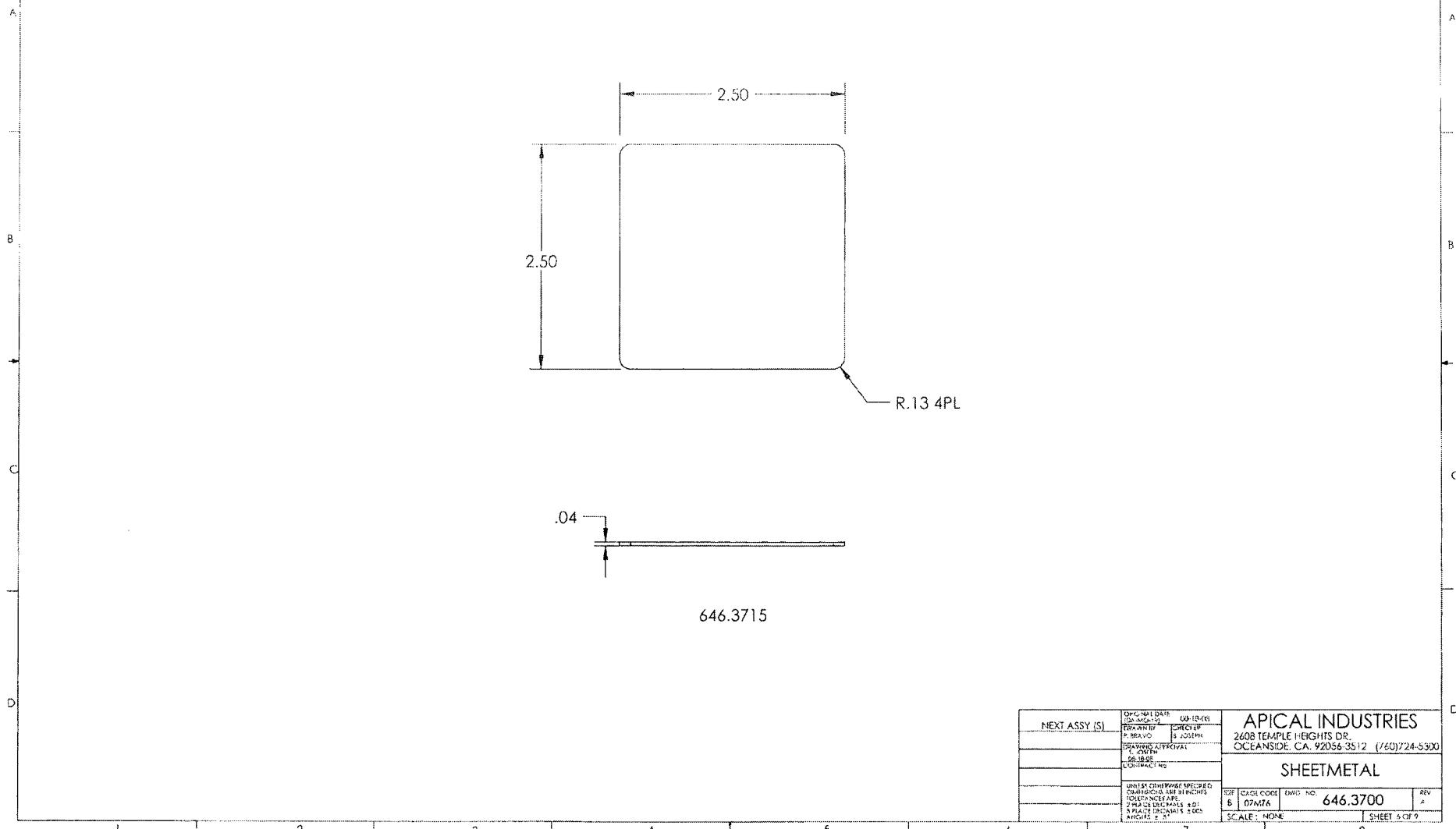




93949

1	2
3	4
5	6
7	8

1	2
3	4
5	6
7	8



NEXT ASSY (S)		DRAWN BY	00-1406
		J. JOHNSON	10-10-1988
		TECHNICAL APPROVAL	
		J. JOHNSON	
		RE-BALANCING	
		COMPLETING	
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE .015 UNLESS OTHERWISE NOTED ANGLES ± 5°			
REF	DATE CODE	ENG. NO.	REV.
6	07/07/88	646.3700	A
SCALE: NONE SHEET 1 OF 9			

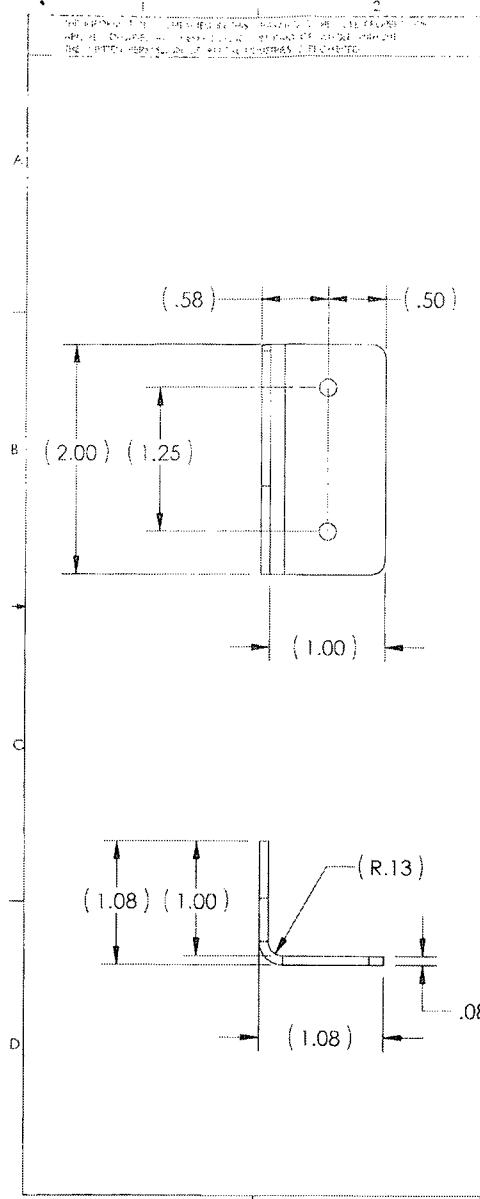
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

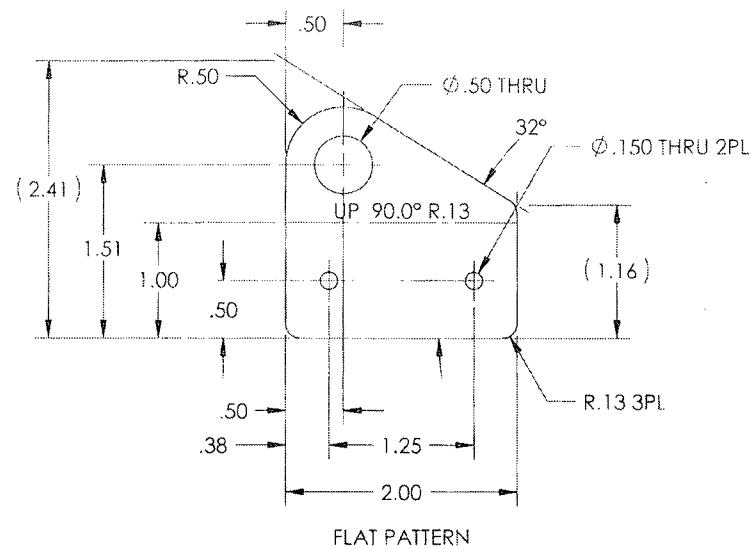
646.3700



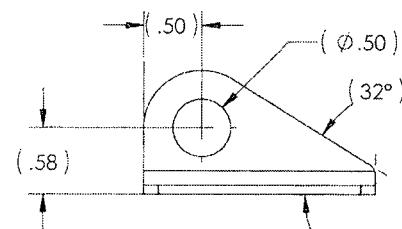
93944



646.3716



FLAT PATTERN





Item	Category	Unit	Value
1	1	1	1

93949

A

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100

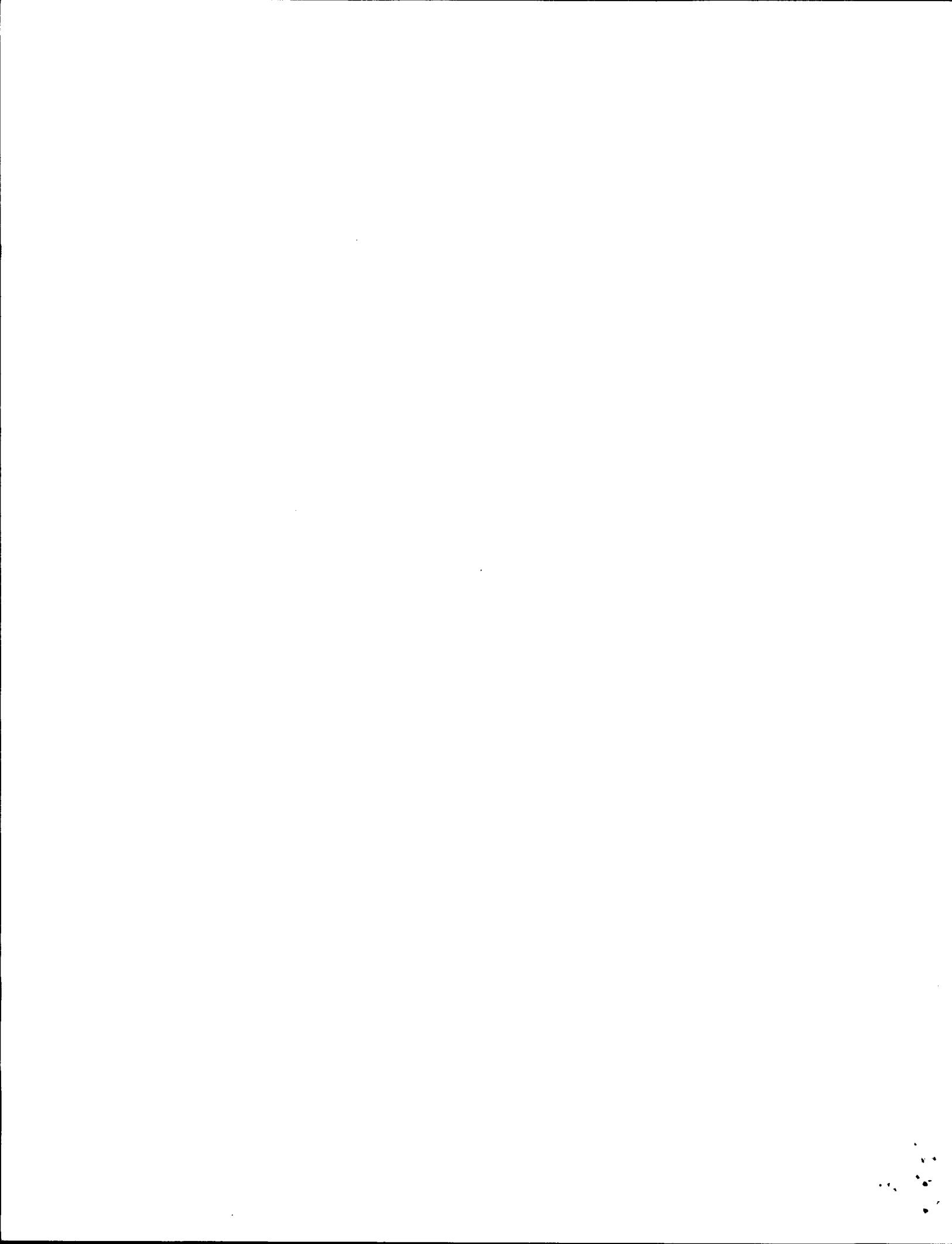
1

A technical drawing of a rectangular part. The top horizontal dimension is labeled 3.50. The right vertical dimension is labeled 1.50. A corner radius of R.064 is indicated at the top-right corner. A central slot is present in the rectangle.

A line graph showing a constant value of 0.06 across a range from 0 to 1.0. A vertical arrow on the left indicates the scale from 0 to 0.06. A horizontal dotted line is at y=0.06, and a solid line is also at y=0.06.

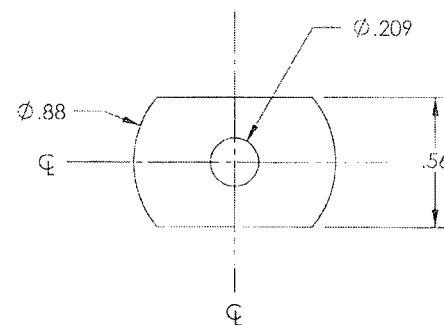
646.3717

NEXT ASSY (S)	ORIGINAL DATE 10/14/03	03-1-002	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3812 (760)794-5300
	PLATO/1000 P BRAVO 10/14/03	03-1-001	
DRAWING NUMBER 100-10000 10-10-03 UNIVERSAL		SHEETMETAL	
UNIVERSAL PLATE 10MM THICK 10MM X 10MM X 10MM 1 PLATE DECKPLATE \$0.01 1 PLATE DECKPLATE \$0.01		SITE	CA/RC/002
		DMV	NO.
		07/04/04	646.3700
		SCALE	INCH
		GRAPH PLOT 9	

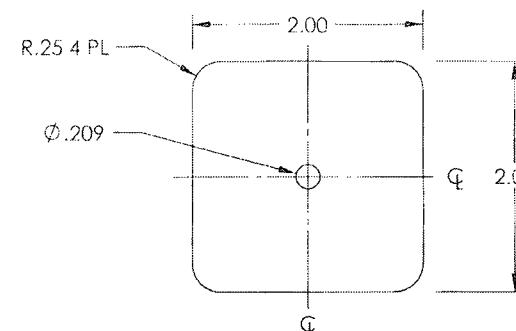


THE 1990 AMERICAN CIVIL LIBERTIES UNION REPORT CARD ON THE STATE OF HUMAN RIGHTS IN THE UNITED STATES
APRIL 1990
ANNUAL REPORT ON THE STATE OF HUMAN RIGHTS IN THE UNITED STATES
BY THE AMERICAN CIVIL LIBERTIES UNION

93949



646.3718



.06

646.3719



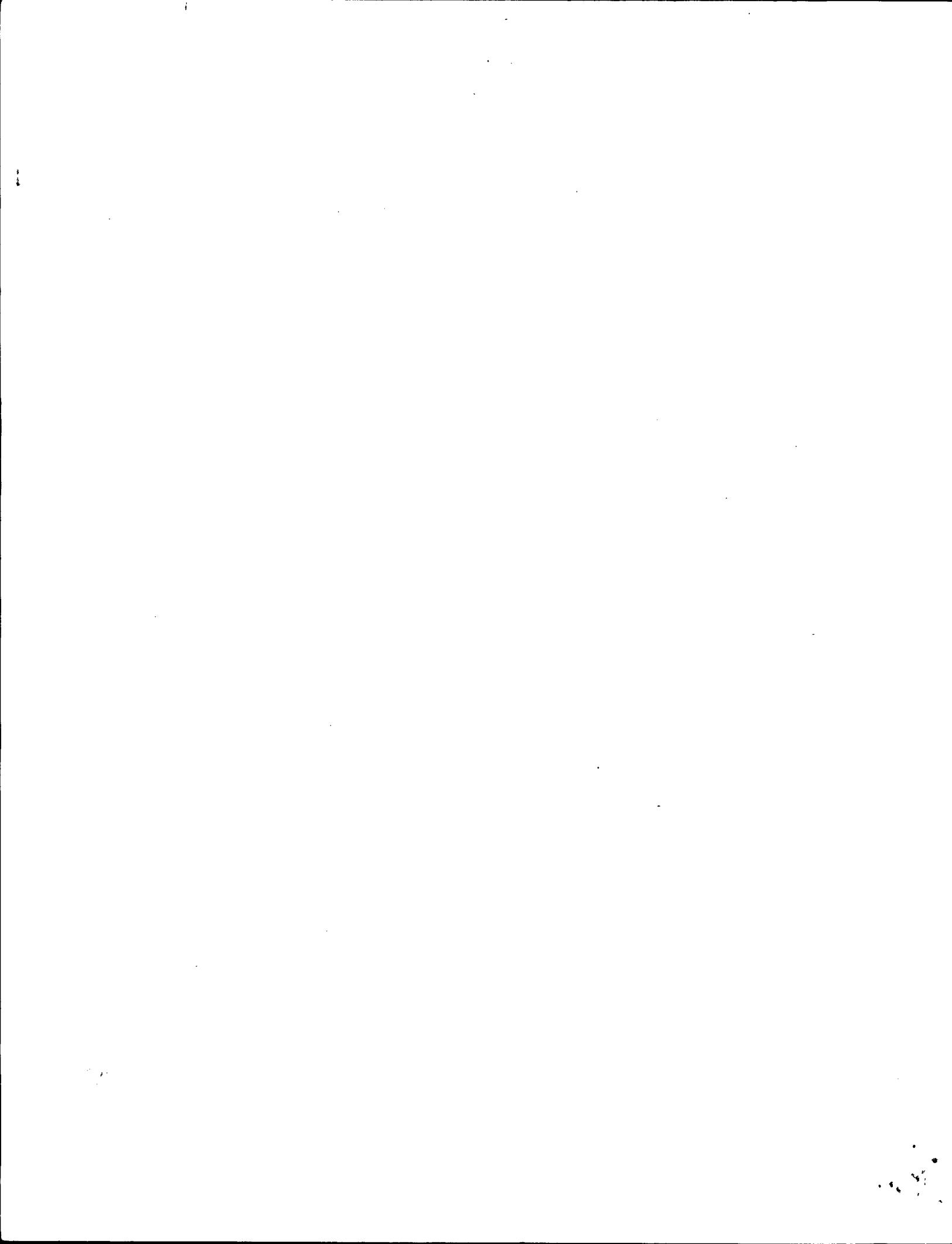
DART AEROSPACE LTD	Work Order:	93949
Description: Clip	Part Number:	646-3712
Inspection Dwg: 646-3712 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Im 13-6-6

—DAS

Measured by: RB	Audited by: 09 S-89	Preliminary Approval:
Date: 12-12-17	Date: 12-12-17	Date:





A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62506

Date: 15-Jul-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 6 PCS D2224 RED ANODIZE MIL-A-8625 TYPE II CLASS 2 1 PC 647.0410 10 PCS 646.3110 20 PCS 646.3712 11 PCS 646.3713 8 PCS 647.9312 30 PCS 647.9313 9 PCS 647.9314 1 PC 647.9317 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130436 PO: 20215 Line:
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>15/7/13</u></p> <p>CERTIFIED SIGNATURE: <u>M</u></p> <p>RECEIVER SIGNATURE: _____</p>

